For Office Use Only	\$120

Instructions are found on page 3

Application for Physician Assistant Licensure Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

1	2.			
Last Name	First Name and Middle Name			
3				
Mailing Address				
4.	5.			
4City, State, Zip Code	5E-Mail Address			
6 7	7			
Daytime Phone (Including Area Code)	Date of Birth Social Security N	umber*		
9. Male Female 10. If any of your document	ntation is in a name other than your current name, list the previous na	mes of record	<u>d.</u>	
The following questions must be answered. If you answer	"Yes" to any of the next six questions, (1) attach a signed 1	etter of exp	olanatio	
providing the details of the incident, (2) attach a copy of any cor a copy of all official court documents regarding your conviction "Yes" even when a conviction or judgment has been deferred or	/malpractice suit, including final disposition and/or settlement			
11. Been convicted, found guilty of or entered a plea of guilty of minor traffic violations with fines under \$500)?		Yes	No	
12. Had any judgments or settlements paid on your behalf as a re	sult of a malpractice suit or claim against you?	Yes	No	
13. Been investigated by a licensing, registration, or certification or certification authority or organization institute disciplinary act investigation or action was instituted by this licensing board you	tion against you related to your professional practice? (If the	Yes	No	
14. Been disciplined or sanctioned by any licensing, registratio professional practice? (If this licensing board took the disciplinar		Yes	No	
15. Developed a medical condition which in any way impair reasonable skill and safety? (If you are currently a participant answer "NO" to this question.)		Yes	No	
16. Been engaged in illegal or improper use of drugs or other oparticipant in the Impaired Practitioner Review Committee, you in	chemical mood altering substances? (If you are currently a may answer "NO" to this question.)	Yes	No	
17. Type of Application: Examination Education	☐ Endorsement ☐ Tempora	ıry		
Education				
18	stitution	Degree date		
•••	<u>_</u>		l Na	
19. Have you passed the NCCPA examination?	☐ Yes	┕	No	

20. Are you or have you ever been licensed, certified or registered in another state? If yes, list the two letter postal codes of the states below.	Yes	☐ No
Prior to beginning practice, all applicants must notify the board of their supervising physician(s) on the board approved fo	-	
I certify that I have carefully read the questions on this application and have answered them comunder penalty of perjury that my answers, and all other statements or information submitted by m true and correct. If it is determined at any time that I have provided misleading or false infor application, I understand that my application may be denied or that I may be subject to d prosecution if I am already licensed.	e in this application mation on or in su	n process, are apport of this
I understand that I am required to update answers or information submitted herewith if the respondence to the application is pending. I also understand that this application is a property I own Code, Chapter 22 and that application information is public information, subject to the experimental provided on or in conjunction with this application.	ublic record in according ceptions contained	ordance with in Iowa law
*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to prove result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this lie 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with obligations and as an internal means to accurately identify licensees, and may be shared with taxin including Iowa Code § 421.18.	cense application is the collection of ch	required by ild support
21		
Applicant must sign here in ink	Date	

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-6959 or tamara.hidlebaugh@idph.iowa.gov. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant.

Mail the original completed application bearing signature in ink to:

Iowa Board of Physician Assistants Professional Licensure Lucas State Office Building, 5th Floor 321 E 12th St. Des Moines, IA 50319-0075

www.idph.state.ia.us/licensure

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Revised 7/14/11

Yes

□ No

INSTRUCTIONS/CHECKLIST

To complete the application, answer each question completely in ink or type. Supporting documents and fees are required for an application to be considered complete.

Exan	nination		For Office Use		
			Only Received		
	The non-refundable fee is \$120. Make check or money order payable to the Iowa Board of Physician Assistants.				
	Official transcripts sent directly to the board office from an approved program for the education of physician assistants.				
	An official letter of initial NCCPA certification and examination scores sent directly to the board office from NCCPA.				
			For Office Use		
Endo	Endorsement				
	The non-refundable fee is \$120. Make check or money order payable to the Physician Assistants.	Iowa Board of	Received		
	Official transcripts sent directly to the board office from an approved progra of physician assistants.	nm for the education	Received		
An official letter of current certification from NCCPA, or successor agency, sent directly to the board from NCCPA or its successor agency; or Proof of completion of 100 CME hours for each biennium since initial certification.			Received		
	Official verification of license from all state you are currently or previously licensed sent directly to the board from those states.		Received		
Temporary A temporary license may be issued to an applicant who has not yet taken the NCCPA examination or is waiting for examination results.			For Office Use Only		
	The non-refundable fee is \$120. Make check or money order payable to the Iowa Board of Physician Assistants.				
	Official transcripts sent directly to the board office from an approved program for the education of physician assistants.				
For Office Use:					
Appr	Approved:For Office Use:				
Date:	Date: License No:				
Com	ments:	Date IssuedStaff Initials			
Checked By					

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